

Standards Quality Improvement Plan (Standards QIP) Progress Report

Society: Catholic Children's Aid Society of Toronto

Regional Office: Central

Compliance Reporting Period: March 1-31 2025

Date of Report: 26-04-2025

General Instructions:

- In December 2015, the Auditor General of Ontario’s Value-For-Money Audit Report was released which identified several concerns related to child protection services. Based on the recommendations, the ministry instructed all children’s aid societies to complete a Quality Improvement Plan, which includes the completion of this template.
- This template will serve as your Children’s Aid Society’s Standards QIP and is intended to be used jointly by your society and the Ministry of Children, Community and Social Services (ministry) to promote quality improvement and assess your society’s progress in meeting the ministry’s expectations of full compliance to child protection standards.
- Complete sections A through C prior to submitting to the ministry.
- For reported results of 100%, societies are not required to carry out an analysis in section A. However, your society may choose to do so to identify best practices in achieving full compliance.
- Your Program Supervisor will meet with the Executive Director within 45 calendar days of the Standards QIP submission due date.

Section A Analysis of Society Results

Part 1: Compliance Results

- Please manually input compliance results/data from Column 8 of the EXCEL Compliance Workbook
- The standards/requirements related to specific case types have been colour coded (i.e., pink refers to standards/requirements for referral/intake cases, blue refers to investigation cases, green for ongoing child protection cases, gold for children in care cases, and orange for kinship service cases).

			Compliance Result from this Report (Column 8)	Analysis of Compliance Results	Documentation Errors and Input
				A. What factors have influenced the society's compliance results? B. List any strategies that have successfully impacted the compliance result. C. List any new strategies/actions intended to improve compliance.	
1	Standard 1 - Conduct child protection history checks when information is received by a CAS regarding protection concerns about a child.	Internal society record checks	98.4%	<u>Factors and Strategies that have Influenced Results</u> <ul style="list-style-type: none">• Intake continues to have high compliance in this area.• Supervisors are providing documentation oversight.• When new participants are added to an intake, and a new comprehensive check is complete, CPIN will note this addition as being non-compliant unless the contact log is backdated (as a workaround). The worker cannot date the same day the check was done.• Adding new participants continues to be an issue in CPIN, which impacts compliance. When adding a new participant to a case after an intake has been created, the report will highlight the case as non-compliant. <u>Successful Strategies</u> <ul style="list-style-type: none">• Staff double-check the contact logs so that the purposes selected are accurate.	
2		Provincial record checks	98.4		
3		Child Abuse Register checks	100%		

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				<ul style="list-style-type: none">• A tracking system (Power BI) that allows staff and supervisors to observe compliance with standards in real-time.• The QIP working committee, consisting of supervisors, a director, and QA, meets quarterly to discuss processes and strategies geared to sustain and improve results.• Supervisors create spreadsheets to keep track of cases and due dates and to promote that recording is done on time.• QIP reviews are built into supervision and team meetings, with expectations made clear to workers.• Prioritize workloads to meet record check due dates.• As a step towards a successful outcome, the Program Supervisor was apprised of the CPIN issue regarding the need to undergo a new record check when adding a new participant to an intake, after the initial record check. CPIN counts from the date of opening rather than when the new participant is entered into the system. The goal is that this issue can be systematically addressed.• Reminders to Ongoing workers of the Child Abuse Register investigative timelines.• CPIN workflows are available to workers and supervisors on the society internal webpage.• Compliance has been noted as a Performance Goal for all staff at various levels.	
4	Standard 3 - Conduct a safety assessment at the point of the first face-to-face contact within the response time for all referrals (intakes) assigned for an investigation.	Response Time - 12 hours	91.7%	<p><u>Factors and Strategies that have Influenced Results</u></p> <ul style="list-style-type: none">• 12-hour response delays pertain to the Child and Youth Advocacy Centre waiting for police-led investigations to commence.• Workers are taking a non-intrusive approach by planning with a family when they can meet, as opposed to visiting unannounced, which can provoke negative interaction and a lack of engagement.• After Hours staff underwent a full training to promote identification of the right purposes and guidelines in CPIN and to understand CPIN expectations for investigation. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none">• A tracking system (Power BI) that allows staff and supervisors to see compliance with standards in real-time.• Familiarizing the ongoing supervisors and staff in the response times for investigations.• The QIP working committee, consisting of supervisors, director, and QA, has been meeting quarterly to discuss processes and strategies geared to improve and sustain results.• QIP reviews are built into supervision, and expectations are made clear to workers.• CPIN workflows are available to workers and supervisors on the society internal webpage.• Compliance has been noted as a Performance Goal for all staff at various levels.	
5		Response Time - 48 hours	100%		
6		Response Time - 7 days	94.3%		

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7	Standard 3 - Complete the formal documentation of a Safety Assessment and Plan within 5 days of the first face-to-face contact.	93.3%	<u>Factors that have Influenced Results</u> <ul style="list-style-type: none">Ongoing staff, who are not as familiar with Intake and Assessment timelines, need support to ensure compliance in this area.After Hours staff underwent a training to promote identification of the right purposes and guidelines in CPIN and to understand CPIN expectations for investigation. <u>Successful Strategies</u> <ul style="list-style-type: none">A tracking system (Power BI) that allows staff and supervisors to see compliance with standards in real-time.The QIP working committee, consisting of supervisors, a director, and Quality Assurance, has been meeting quarterly to discuss processes and strategies geared to improve and sustain results.QIP reviews are built into supervision, and expectations are made clear to workers.Compliance has been noted as a Performance Goal for all staff at various levels.	
8	Standard 5 - Conclude a child protection investigation within 45 days of receipt of the referral (or within 60 days of receipt of the referral in the case of an extension).	93.4%	<u>Factors that have Influenced Results</u> <ul style="list-style-type: none">Opportunities to extend investigations beyond 45 days promote better engagement and outcomes for families.Quality Assurance and the CPIN support team provide responses to documentation practice questions.After Hours staff underwent a full training to promote identification of the right purposes and guidelines in CPIN and to understand CPIN expectations for investigation. <u>Successful Strategies</u> <ul style="list-style-type: none">A tracking system (Power BI) that allows staff and supervisors to see case compliance in real-time.Staff review documentation to ensure accuracy, in addition to supervisors reviewing all submitted documentation for accuracy. Supervisors are also reviewing this documentation regularly with staff.QIP reviews are built into supervision, and expectations are made clear to workers.CPIN workflows are available to workers and supervisors on the society internal webpage.Compliance has been noted as a Performance Goal for all staff at various levels. <u>Strategies Requiring further Attention/Consideration</u> <ul style="list-style-type: none">Cases at the Child and Youth Advocacy Centre continue to take longer than other investigations because they are police-led.Community Caregiver Investigation cases may take more time than other investigations because of the need to consult more professionals and collaterals involved in the cases than a typical assessment.	

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			<ul style="list-style-type: none"> Some cases may go past the 45 days because of workers attempting to divert cases away from child welfare and connect families to supports in the community. 	
9	Standard 7 - Complete an initial service plan within 30 days of the completion of the investigation, or within 30 days of the date of the case transfer to ongoing child protection services following the initial investigation.	88.9%	<p><u>Factors that have Influenced the Results:</u></p> <ul style="list-style-type: none"> Conducting service plans collaboratively with services recipients may take extra time, thus going past the 30 days. <p><u>Successful Strategies:</u></p> <ul style="list-style-type: none"> There has been additional supervisory oversight and review of documentation expectations. Compliance has been noted as a Performance Goal for all staff at various levels. 	
10	Standard 7 - Complete a formal case review and evaluation every 180 days following the development of the initial service plan for ongoing child protection cases.	89.1%	<p><u>Factors that have influenced the Results:</u></p> <ul style="list-style-type: none"> Case reviews are conducted between the worker and supervisor, in collaboration with the service team and centered around the voice of the family, child, or young person. All efforts are made to ensure that the voice of the service recipient is reflected in the decision making. This process may be slow at times, resulting in the worker going past the ministry timeframe. <p><u>Successful Strategies:</u></p> <ul style="list-style-type: none"> A review of compliance has been done with staff, and clarity provided regarding responsibilities and accountability. Compliance has been noted as a Performance Goal for all staff at various levels. We are ensuring staff are scheduling regular time for documentation. 	
11	Standard 7 - Visit with families in their home minimally once every 30 days for ongoing child protection cases.	95.7%	<p><u>Factors that have Influenced the Results:</u></p> <ul style="list-style-type: none"> Workers employ a family centered approach. They work with the service recipients to schedule an agreed-upon time that is best for the service recipients. This work is done to be non-intrusive and to support positive engagement. <p><u>Successful Strategies:</u></p> <ul style="list-style-type: none"> Supervisors provide weekly reminders to staff, which has been beneficial in meeting compliance. Compliance has been noted as a Performance Goal for all staff at various levels. 	

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12	Standard 7 - Review every ongoing child protection case in a supervision session minimally once every 42 days.		95.8%	<u>Successful Strategies:</u> <ul style="list-style-type: none"> Greater emphasis and oversight of QIP from service directors and supervisors. Compliance has been noted as a Performance Goal for all staff at various levels. 	
13	Private visits with children in a kinship service placement	7-day visits	100%	<u>Factors that have Influenced Results</u> <ul style="list-style-type: none"> Last minute cancelations by caregivers due to illness of caregivers or children in the home (approved departures not allowed for 90-day visits). Change of primary placement before the 30-day visit/review with the prior placement. <u>Successful Strategies</u> <ul style="list-style-type: none"> Dedicated time between Quality Assurance staff and supervisor/service directors to discuss QIP and plan for submission. Developing stronger familiarity with the tracking system (Power BI) by reviewing it in team meetings and individual supervisions. Staff double-check the contact logs so that they meet technical requirements for QIP compliance (correct purposes selected, correct participants selected, correct location of the visit selected) and so that the logs are entered correctly. When needed, staff are asked to correct the contact logs using the tip sheets, which reinforce the technical requirements. The QIP working committee, consisting of supervisors, a service director and QA, was revived to discuss processes and strategies geared to sustain and improve results. QIP reviews and reminders are built into supervision, and expectations are made clear to workers. 	
14		30-day visits	80%		
15		3-month visits	100%		
16	Prepare an initial Plan of Care prepared within 30 days of placement or re-placement in a foster/group/kin or customary care home.		90%	<u>Factors that have Influenced Results</u> <ul style="list-style-type: none"> Transfer of CIC to Child and Youth Department between the 7-day visit and 30-day Plan of Care has impacted compliance as it entails a change management process for Child and Youth Services, who now provide service to all children in care in both short term and Extended Society Care. One Supervisor oversees the work queue for transfer to CYS (so that accountability is clear). Transfer to Child and Youth Services takes place by reviewing the queue twice weekly. <u>Successful Strategies</u> <ul style="list-style-type: none"> The transfer document has been updated and is requested at case assignment to prevent delay in transfer to CSW. 	There is one case where the POC occurred on time, but the wrong agreement reason was entered. This agreement reason is not editable; thus, the case is counted as non-compliant. A request for correction has been sent to the Ministry.
17	Private visits with Children in Care	7-day visits	87.5%		
18	Includes kinship care.	30-day visits in foster/group/kin.	86.1%		

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				<p><u>Factors that have Influenced Results</u></p> <ul style="list-style-type: none">Departure supervision consultation and/or supervision contact logs are used when in exceptional circumstances the visit cannot be completed (i.e. young person is ill, extreme weather preventing in-person visit due to distance). <p><u>Successful Strategies</u></p> <ul style="list-style-type: none">Individual Supervision with CSWs now includes review of compliance through the dashboard hub and Extended Society Care Review tracking sheet.month dashboard is required to be reviewed monthly.Compliance has been noted as a Performance Goal for all staff at various levels.	
19	Customary Care	7-day visits		NA	
20		30-day visits		NA	
21		90-day visits		NA	
22	Adoption	7-day visits		NA	
23		30-day visits	100%	<p><u>Factor that has Influenced Results</u></p> <ul style="list-style-type: none">From January 1, 2025, all children on adoption probation are seen every 30 days until a director's approval is received. Supervising adoption workers keep careful track of the dates these visits are due, and the supervisor is observing results in Power-BI. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none">Seven-day extensions with the supervisory consultation and contact logs are utilized when the visit cannot occur on time and it is in the child's best interest to delay. Adoption probation parents have been reminded that the new expectation is 30-day visits, and it is essential to make themselves and the children available for such visits.In the case of a visit being unable to occur during extraordinary circumstances (contagious illness) departures are utilized.Compliance has been noted as a Performance Goal for all staff at various levels.	
24		90-day visits		<p><u>Factor that has Influenced Results</u></p> <ul style="list-style-type: none">Please note, as of January 1, 2025, 90-day visits are no longer the requirement for children on AP and have been shifted to 30-day visits until the director's consent is received.	

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				<ul style="list-style-type: none">In this period there were no 90-day visits due; however, when supervisors are supervising adoption workers, the supervisors will ensure a high level of compliance by carefully tracking the required visit dates in CPIN and the dashboard.	

Section B Planned Activities to Address 2015 OAGO Findings


- This section includes planned activities for both specific standards/requirements and overall/overarching planned activities that may address multiple areas. These may include other areas of concern identified by your society. You are required to address all areas in the Standards QIP (i.e., where full compliance has not been achieved) and/or concerns have been identified (i.e., recurrence of child protection concerns).
- Indicate the corresponding reference number(s) of any audit items addressed (i.e., 1, 4, 5) by each planned activity identified. Refer to Section A for the audit item reference numbers.
- Highlight content in yellow that was updated for this reporting period (i.e., a new planned activity, an updated status or timeline for a planned activity).
- Indicate the activities that have been completed.
- Insert additional rows if required.

Planned Activity	Audit Items Addressed (Ref #s)	Objectives of Planned Activity <ul style="list-style-type: none">Identify the specific intended outcomes of the planned activity.	Status/Progress of Planned Activity <ul style="list-style-type: none">Was the planned activity completed? Were the objectives achieved?	Timelines for Milestones or for Completion	Regional Office Comments (for Discussion at Quarterly Progress Meeting)
Consistent reminders and review compliance expectations for staff during supervision.	1-2, 4,6,7-12,14, 16-18	Tasks to be reviewed. QIP committee reviews compliance expectations. Timelines to complete documentation to be established and met. For all service areas and departments, compliance and documentation are tied to performance goal expectations, with support provided to workers to meet these expectations. QIP is reviewed at every level, Supervisor to front-line staff, Director to Supervisor and DOS to Director. This	This planned activity is ongoing.	Ongoing	

		<p>review is done to ensure that compliance is an ongoing conversation throughout the organization.</p> <p>An improved QIP compliance dashboard in Power-BI is under development that captures snapshots in real time. It will be updated monthly, with all levels of service, including Director of Service, slated to have access.</p>	<p>The dashboard is projected to be completed in June 2025.</p>		
Monthly communication throughout the organization regarding QIP compliance	1-2, 4,6,7-12,14, 16-18	<p>Encourage each department to keep standards top of mind, to review their results in the compliance dashboard, and take corrective measures when necessary. The launch of a monthly agency newsletter provides a possible venue to highlight QIP.</p>	<p>Post-launch of improved dashboard.</p>		

Section C Approval of Standards QIP (Sections A to B) for Submission to Ministry

- The ministry expects the Standards QIP progress report to include the following:
 - compliance and recurrence results for all standards/requirements bi-annually (or more frequently as requested by a Program Supervisor);
 - status of activities undertaken to date; and
 - planned activities to improve results for all areas where full compliance has not been achieved or where concerns have been identified.
- If the Standards QIP does not include the above, please provide an explanation/comment in the Society Comments box below.

APPROVED BY THE SOCIETY:	Society Comments (optional):
Position: Board Chair	
Name: Vanessa Cocco	
Signature:  (Signature is an acknowledgement that this report was shared with the Board and of the Board’s acceptance of this Progress Report submission)	
Date: June 6, 2025	

Section D Progress Meeting

- This section documents the outcome of the bi-annual progress meeting, including any further actions required by the society for this bi-annual Standards QIP progress report to be accepted by the ministry.
- Societies are expected to meet with the ministry to provide a status update on their progress in meeting ministry expectations. At a minimum, the ministry will meet with the Executive Director of the society when compliance results are submitted. The ministry may choose to meet with the Board Chair and/or Board of Directors as needed.
- Please indicate the date and with whom the ministry met for each meeting date.

Date(s) and Participants of Meeting(s):	
Is further action required by the society regarding this Progress Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify actions to be taken:	
Ministry Review of Progress Report: A. Strengths B. Weaknesses/Gaps C. Recommended actions/next steps	
Program Supervisor Name:	
Program Supervisor Signature: (Signature is an acknowledgement that the bi-annual progress meeting(s) has taken place, at a minimum, with the Executive Director of the society, and of the ministry’s acceptance of this bi-annual progress report)	Date:
Regional Program Manager Name:	
Regional Program Manager Signature:	Date: